



It Fits!

How will you use your \$400?

Fallon Community Health Plan is proud to announce that we have increased our It Fits! reimbursement amount—now offering \$400 per family contract, and \$200 for individuals! It Fits! compensates you for being healthy. With FCHP, you get physical and financial benefits for being active.

You choose

Whether you love the gym, prefer the slopes, or are the star player of your Little League team, we want to give you money to use towards a variety of different health activities.

Use your money towards:

- Ski mountain lift tickets and season passes!
- Local school and town sports leagues and programs
- Gym memberships
- Pilates
- Yoga
- Aerobics classes
- Hiking clubs
- Weight Watchers®
- Karate
- Sports camps
- Ski lessons
- Swim lessons
- Dance lessons
- Kickboxing
- Baseball
- Race fees
- Cheerleading
- Gymnastics
- Football
- Hockey
- Soccer
- Lacrosse
- Volleyball
- And more!

Take advantage of It Fits!

The U.S. Surgeon General's Report on Physical Activity and Health states that regular physical activity can protect against diseases such as cancer, heart disease and high blood pressure, as well as contribute to healthy bones, muscles, joints and improved mental health.

How do you get paid? Simple. Complete the form on the back of this flyer and supply any necessary documentation, such as a health club contract or a copy of a registration form for a school/town activity.

For your convenience, we accept multiple receipts and requests on one form. Be reimbursed all at once!

If you have any questions about the program, give us a call at 1-800-868-5200 (TDD/TTY: 1-877-608-7677).

More health. More strength. More you.

fchp.org ■ 1-800-868-5200

Reimbursement amount effective 1/1/09

Weight Watchers® is a registered trademark of Weight Watchers International, Inc.
Benefits may vary by employer, plan or product.

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It Fits! Reimbursement Form

Subscribers are eligible for reimbursement once per calendar year. You may request \$400 per family FCHP contract and \$200 per individual FCHP contract. Requests must be made no later than March 31 of the following calendar year.

For more information about other fitness discounts, visit fchp.org.

Mail completed form to:
Fallon Community Health Plan
Claims Department
P.O. Box 15121
Worcester, MA 01615

Subscriber information

(Note: The subscriber is the primary health insurance policyholder, not necessarily the person requesting reimbursement.)

Subscriber's last name	First name	Middle initial
Address	City	State
	()	ZIP
Subscriber's ID # (located on the front of your card)	Telephone number	

Activity for reimbursement*

Type of activity	Program/gym name	Calendar year	Amount requested

Information needed for reimbursement

- ✓ This completed form
- ✓ A copy of any/all applicable health club contracts, personal fitness trainer agreements or a copy of the registration form for a school/town activity. These must show the beginning and ending dates of membership activity and the names of enrolled members.
- ✓ Dated original receipts or copies of bank/credit statements showing the charge for membership or classes (Original receipts will not be returned). These should reflect the dollar amount you are requesting. FCHP will only reimburse for the amount reflected on these receipts/statements.
- ✓ For Weight Watchers, FCHP members can choose to receive a set of coupons for a 12-consecutive-week program. You can request your coupons at fchp.org or by calling Customer Service.

Also, a brochure from the health club, facility, or program may be requested.

Certification and authorization (This form must be signed and dated below by the subscriber.)

Reimbursement is subject to approval by Fallon Community Health Plan. Please allow 30 days from receipt for reimbursements. Reimbursement check should be made to (check one):

☐ Subscriber ☐ Member _____

Agreement:

I certify that the information above is correct to the best of my knowledge. I am claiming reimbursement only for eligible expenses incurred during the applicable calendar year and for eligible members.

Subscriber's signature _____

Date _____

* Reimbursement amounts may vary. Reimbursement is not available for camps that are not sports-dedicated, social clubs, transportation, greens fees, uniforms, meals, lodging, fitness equipment, fitness clothing and vitamins.

